

Date

**SUMMER FOOD SERVICE PROGRAM<br>  
POTENTIAL SPONSOR REGISTRATION FORM**

**Section A – Organization**

<b>Organization Name</b>			
<b>Address</b>		<b>Zip Code</b>	
<b>Telephone #</b>		<b>County</b>	
<b>Public Agency</b>	<input type="checkbox"/>		
<b>Public/Private Nonprofit School</b>	<input type="checkbox"/>		
<b>Resident Camp</b>	<input type="checkbox"/>		
<b>Other (describe)</b>			
<b>Contact Person Name/Title</b>			
<b>Learned About SFSP From</b>	Our Letter <input type="checkbox"/>	Sponsor <input type="checkbox"/>	Web Site <input type="checkbox"/>
<b>Other explain</b>			

**Section B - Population**

<b>Age Range</b>			
<b>Meal Types to be Served</b>	BRKFT <input type="checkbox"/>	LNCH <input type="checkbox"/>	DNR <input type="checkbox"/> AM SNCK <input type="checkbox"/> PM SNCK <input type="checkbox"/>
<b>Estimated ADP</b>			
<b>How Many Feeding Locations</b>			
<b>Planned Activities</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Dates of Operation</b>			
<b>Food Service Arrangements/ Considerations</b>			
<b>Comments/ Limitations</b>			

**Section C – Eligibility (STATE OFFICE USE ONLY)**

<b>Eligibility Status</b>	Area Eligible <input type="checkbox"/>	Census Tract Data <input type="checkbox"/>	Eligibility Applications <input type="checkbox"/>
<b>Contact by</b>	Phone <input type="checkbox"/>	Letter <input type="checkbox"/>	In Person <input type="checkbox"/> Web Site <input type="checkbox"/>